

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	TEVNHC 3.3-2066
	<b>First Named Inventor</b>	Hiteshkumar Doshi
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	Not Yet Assigned
	<b>Filing Date</b>	Concurrently Herewith
	<b>Group Art Unit</b>	N/A
	<b>Examiner Name</b>	Not Yet Assigned

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am an original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPRESSION COATED TABLET COMPRISING SUMATRIPTAN

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/08/2005 as United States Application Number or PCT International

Application No. PCT/US2005/00500 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0400452.9	GB	01/09/2004	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Please type a plus sign (+) inside this box ☒

PTO/SB/01 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530

Direct all correspondence to: ☒ Customer Number  
or Bar Code Label

000530

OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Email

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any))

Hiteshkumar

Family Name  
or Surname

Doshi

Inventor's  
Signature

Date 26<sup>th</sup> Oct 2001

Residence: City Mumbai

State

Country India

Citizenship India

Mailing  
Address:

Ivax House, Ivax India Private Limited  
76, Makawana Road, Marol Naka

City

Mumbai

State

ZIP

400 059

Country

India

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any))

Parizad

Family Name  
or Surname

Elchidana

Inventor's  
Signature

Date 31/11/2006

Residence: City Mumbai

State

Country India

Citizenship India

Mailing  
Address:

Ivax House, Ivax India Private Limited  
76, Makawana Road, Marol Naka

City

Mumbai

State

ZIP

400 059

Country

India

☒

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

LD-537

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet	
				Page 1 of 1	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Sunil			Jog		
Inventor's Signature <i>Sunil J</i>		Date		31 <sup>st</sup> Oct, 2006	
Residence: City		State		Country	
Mumbai				India	
Mailing Address:		Ivax House, Ivax India Private Limited 76, Makawana Road, Marol Naka			
City		State		Zip	
Mumbai				400 059	
				Country	
				India	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Deepak			Sonaje		
Inventor's Signature <i>Sonaje</i>		Date		31 <sup>st</sup> Oct, 2006	
Residence: City		State		Country	
Mumbai				India	
Mailing Address:		Ivax House, Ivax India Private Limited 76, Makawana Road, Marol Naka			
City		State		Zip	
Mumbai				400 059	
				Country	
				India	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature		Date			
Residence: City		State		Country	
Mailing Address:					
City		State		Zip	
				Country	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature		Date			
Residence: City		State		Country	
Mailing Address:					
City		State		Zip	
				Country	